DEPARTMENT OF REVENUE
APPLICATION ACCESS AUTHORIZATION FORM

COMMON DATA ___ Add ___ Upd. ___ Del. ___ No Action

*User ID _____ SSN _____ - _____ - _____

*Last Name _____ First Name _____ MI ___

Common Name _____ Sign Name _____

*Address 1 _____

Address 2 _____

Address 3 _____

*City _____ *ST KY _____ *Zip Code _____

*Phone _____ - _____ - _____ Ext: _____ Fax _____ - _____ - _____

Emp Position ___ - ___ - ___ - ___ - ___ - ___ - ___ *Station Num _____ __ __ __ __

*Job Title _____ Supv Position ___ - ___ - ___ - ___ - ___ - ___ - ___

CAR SYSTEM APPLICATION PROFILE ___ Add ___ Upd. ___ Del. ___ No Action

Printer ID1 _____ Printer ID2 _____ Create/Skip ___ 202 Auth ___

*Eff Dte _____ Exp Dte _____ User Level _____ Aprvl Amt $_____

Delg ID _____ Delg Eff Date _____ Delg Exp Date _____

Reviewer ID _____ Supv ID _____ Supv Name _____ *User Group _____

Bill Reason ___ __ __ __ __ __ __ __ __ *Program Code _____

999 Menu Fncs _ _ _ _ _ _ _ _ _ 101 Menu Fncs _ _ _ _ _ _ _

301 Menu Fncs _ _ _ _ _ _ _ _ _ 601 Menu Fncs _ _ _ _ _ _

'601 Menu Fncs _ _ _ _ _ _ _ _ _ 801 Menu Fncs _ _ _ _ _ _

CAR Approval Groups

_____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____

BANKRUPTCY APPLICATION PROFILE ___ Add ___ Upd. ___ Del. ___ No Action

| 1. Inquiry ___ | 3. Update A. Hogan ___ | 4. Delete A. Hogan ___ | 5. Crt. Maint. ___ |
| 2. Add ___ | B. Non Hog ___ | B. Non Hog ___ | 6. Aud. Trail ___ |

Need for Activity Justification: _____

_____

_____

_____

AUTHORIZATION BY SUPERVISOR OF MANAGER OF USER

_____ _____ _____

Signature-Supervisor/Manager   Telephone   Date

* * * * * AAS ADMINISTRATION USE ONLY* * * * *

AAS Updated by: Date Updated   Date/Manager Supervisor Notified

_____ _____ _____

USERID: _____   NAME: _____

FILE REQ. APPLICATION PROFILE   ___ Add   ___ Upd.   ___ Del.   ___ No Action

Central File Access _____   Sensitive File Access _____   Inactive Date _____

Permitted   Tax Type 1 _____   Tax Type 2 _____   Tax Type 3 _____
Tax
Types   Tax Type 4 _____   Tax Type 5 _____   Tax Type 6 _____

Unauthorized Tax Types and Account Numbers:
Tax Type 1/Acct No. ____ _____   Tax Type 2/Acct No. ____ _____
Tax Type 3/Acct No. ____ _____   Tax Type 4/Acct No. ____ _____
Tax Type 5/Acct No. ____ _____   Tax Type 6/Acct No. ____ _____
Supervisor Nickname _____   Supervisor Name _____
Delegate Nickname _____   Delegate Name _____
Delegate Begin Date _____   Delegate End Date _____

JOURNAL VOUCHER APPLICATION PROFILE   ___ Add   ___ Upd.   ___ Del.   ___ No Action

Preparer Auth Code _____   Approver Auth Code _____   Tax Authority ___ALL___
JV Inquiry Allowed _____   Tax Type Table Update Allowed _____
Tax & Recpt Acct JVs _____   Tax Acct Only JVs _____   Recpt Acct Only JVs _____
Active/Inactive _____   Active/Inactive Begin Date _____   Active/Inactive end Date _____
Approver 1 ID _____   Approver 1 Name _____
Approver 2 ID _____   Approver 2 Name _____
Approver 1 Authorized Amount _____
Delegate USERID _____   Delegate Name _____
Delegate Begin Date _____   Delegate End Date _____

MIS./BUS. TAX REFUND APPLICATION PROFILE   ___ Add   ___ Upd.   ___ Del.   ___ No Action

Organization Group _____

Tax	Preparer	Appr 1	Appr 2	Tax	Preparer	Appr 1	Appr 2
____	____	____	____	____	____	____	____
____	____	____	____	____	____	____	____
____	____	____	____	____	____	____	____
____	____	____	____	____	____	____	____

IND. INCOME TAX REFUND APPLICATION PROFILE   ___ Add   ___ Upd.   ___ Del.   ___ No Action

Organization Group _____   Preparer _____   Approver 1 _____   Approver 2 _____

CORPORATION REFUND APPLICATION PROFILE   ___ Add   ___ Upd.   ___ Del.   ___ No Action

Organization Group _____   Preparer _____   Approver 1 _____   Approver 2 _____

IND. INCOME TAX DO/KO APPLICATION PROFILE   ___ Add   ___ Upd.   ___ Del.   ___ No Action

Inquiry access does not require a Ind. Income Tax DO/KO Application Profile
Update Access is Restricted to Division of Individual Income Tax & Division of Operations

Organization Group _____   Preparer _____   Approver 1 _____   Approver 2 _____

Page 2 must be accompanied with page 1 showing completed "Need for Activity Justification and Supervisor/Manager information.